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SEC 1972 Potential persons who are to respond to the collection of information contained in this (6-02)form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal 1 20 notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response... 1

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix	Serial				
DATE RECEIVED					

DEC 022003

THOMSON FINANCIAL

- ·-·	Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) Series A Preferred Stock and Warrant Financing						
Filing Under (Check box(es) that apply):	[] Rule 504	[] <u>Rule 505</u>	[X] Rule 506	[] Section 4(6)	[]ULOE		
Гуре of Filing: [X] New Filing [] Amendment							
A. BASIC IDENTIFICATION DATA							
Enter the information requested	about the issu	er					
Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.) Unitive, Inc.							
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)							
140 S. Center Street, Suite 600	40 S. Center Street, Suite 600, Morrisville, NC 27709-4584 (919) 941-0606						

Address of Principal Busin (Including Area Code) (if different from Executive	ness Operations (Number and Street, City, State, Zip Code) Telephone Number e Offices) n/a
Brief Description of Busin	ess
Development and explosumps and substrates.	oitation of semiconductor bumping technology of any kind for all shapes of
Type of Business Organiz	ration
[X] corporation	[] limited partnership, already formed [] other (please specify):
[] business trust	[] limited partnership, to be formed
	Month Year
Actual or Estimated Date	of Incorporation or Organization: [0]1] [0]1] [X] Actual [] Estimated
Jurisdiction of Incorporation	on or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [D][E]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the

proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that [] Promoter [] Apply:	Beneficial Owner	[X] Executive Officer	[X] Director []	General and/or Managing Partner	
Full Name (Last name first, if individu	al) Donahue, I	Kenneth			
Business or Residence Address (Nur c/o Unitive, Inc., 140 S. Center St		• • • • • • • • • • • • • • • • • • • •	•		
Check Box(es) that [] Promoter [Apply:] Beneficial Owner	[X] Executive Officer	[] Director []	General and/or Managing Partner	
Full Name (Last name first, if individu	al) Bergens, Ai	thur Jr.			
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Unitive, Inc., 140 S. Center St., Ste. 600, Morrisville, NC 27709-4584					
Check Box(es) that [] Promoter [Apply:] Beneficial Owner	[X] Executive Officer	[] Director []	General and/or Managing Partner	
Full Name (Last name first, if individu	al) Hays, David	1			
Business or Residence Address (Nur c/o Unitive, Inc., 140 S. Center St		•	•		
Check Box(es) that [] Promoter [Apply:] Beneficial Owner	[X] Executive Officer	[] Director []	General and/or Managing Partner	
Full Name (Last name first, if individu	al) Mis, J. Dar	iel			
Business or Residence Address (Nur c/o Unitive, Inc., 140 S. Center St		•	•		

Check Box(es) that [] Promote Apply:	r [] Beneficial Owner	[X] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name first, if indiv	idual) Morris, Ro	bert H.	
Business or Residence Address (I c/o Unitive, Inc., 140 S. Center			
Check Box(es) that [] Promote Apply:	r [] Beneficial Owner	[X] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last name first, if indiv	idual) Rinne, Gle	enn A.	
Business or Residence Address (I c/o Unitive, Inc., 140 S. Center		•	
Check Box(es) that [] Promote Apply:	r [] Beneficial Owner	[] Executive Officer	[X] Director [] General and/or Managing Partner
Full Name (Last name first, if indiv	idual) Egolf, Tho	mas	
Business or Residence Address (I c/o Unitive, Inc., 140 S. Center		- · · · · · · · · · · · · · · · · · · ·	-
Check Box(es) that [] Promote Apply:	r [] Beneficial Owner	[] Executive Officer	[X] Director [] General and/or Managing Partner
Full Name (Last name first, if indiv	idual) Rizzo, Dav	⁄id	
Business or Residence Address (I c/o MCNC, 3021 Cornwallis R			·
Check Box(es) that [] Promote Apply:	r [] Beneficial Owner	[] Executive Officer	[X] Director [] General and/or Managing Partner
Full Name (Last name first, if indiv	idual) Troiano, Jo	ohn G.	
Business or Residence Address (I c/o Onex Investment Corp., 712			
Check Box(es) that [] Promote Apply:	r [] Beneficial Owner	[] Executive Officer	[X] Director [] General and/or Managing Partner
Full Name (Last name first, if indiv	idual) Beckenbau	gh, William	
Business or Residence Address (1	Number and Street	t, City, State, Zip Coo	de)

Business or Residence Address (Number and Street, City, State, Zip Code) c/o Unitive, Inc., 140 S. Center St., Ste. 600, Morrisville, NC 27709-4584

Check Box(es) that [] Promoter [X] Apply:	Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner			
Full Name (Last name first, if individual)	MCNC Enterp	orise Fund, L.P.				
Business or Residence Address (Numb 3021 Cornwallis Road, Research Tr		• • •				
Check Box(es) that [] Promoter [X] Apply:	Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner			
Full Name (Last name first, if individual)	Onex America	an Holdings II LLO				
Business or Residence Address (Numb 421 Leader Street, Marion, OH 4330		ity, State, Zip Code)				
Check Box(es) that [] Promoter [X] Apply:	Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner			
Full Name (Last name first, if individual)	Private Equity	Co-Finance				
Business or Residence Address (Numb Cayman, Cayman Islands BWI	er and Street, C	ity, State, Zip Code)	One Capital Place, Grand			
Check Box(es) that [] Promoter [X] Apply:	Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner			
Full Name (Last name first, if individual)	Private Ventu	res Ltd.				
Business or Residence Address (Numb Caracasbaiiweg 199, Curacao, Netho			c/o Amicorp Fund Services NV,			
Check Box(es) that [] Promoter [X Apply:	Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner			
Full Name (Last name first, if individual)	TAT Investme	ents I L.P.				
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Amicorp Fund Services NV, Caracasbaiiweg 199, Curacao, Netherlands Antilles						

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	B. INFORMATION ABOUT OFFERING											
	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in the offering?							s in this	Yes []	No [X]		
			Ansv	ver also	in Apper	ndix, Col	umn 2, if	filing un	der ULOE	፤.		
		minimu		tment th	at will be	accepte	ed from a	any			\$ <u>n/a</u>	<u> </u>
3. Doe	es the of	fering p	ermit joir	nt owner	ship of a	single u	ınit?				Yes [X]	No []
directl in con assoc state of listed	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be isted are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
Full N	Full Name (Last name first, if individual) n/a											
Busine	Business or Residence Address (Number and Street, City, State, Zip Code)											
Name	of Asso	ciated E	Broker or	Dealer								
States	in Whic	ch Perso	n Listed	Has So	licited or	Intends	to Solici	t Purcha	sers			
(Chec	k "All	States"	or chec	k indiv	idual St	ates)		••		[] All Sta	ates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	ame (La	ist name	first, if i	ndividua	al)							
Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, C	City, Stat	e, Zip Co	de)			
Name	of Asso	ciated E	Broker or	Dealer								
States	in Whic	ch Perso	n Listed	Has So	licited or	intends	to Solici	t Purcha	sers			
(Chec	k "All	States"	or chec	k indiv	idual St	ates)	•••••	••		[] All Sta	ates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	ame (La	ıst name	first, if i	ndividua	al)							
Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, C	City, Stat	e, Zip Co	de)			

States	in Whic	h Perso	n Listed	Has So	licited or	Intends	to Solici	t Purch	asers			
(Chec	k "All S	States"	or chec	k indivi	dual St	ates)	•••••	•		[] All St	ates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	((Jse bla	nk shee	t, or co	py and ι	ıse addi	itional c	opies o	of this she	et, as ne	cessary	<i>r</i> .)
	C. C	FFERI	NG PRIC	E, NUN	BER O	FINVES	TORS, E	XPEN	SES AND	USE OF	PROCE	EDS
offerin "none" box " a	g and th or "zero	e total a o." If the ate in th	mount a transac ne colum	ilready s tion is a ins belo	old. Ento n exchar w the an	er "0" if a nge offer	ded in thi answer is ing, chec f the sec	ck this				
_	me of C	a a ruita r								egate		nt Already
	ype of S								\$	g Price	\$	Sold
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					X] Pre							
С	onvertib	le Secu	rities (in	cluding	warrants)			\$		\$	s
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С	ther (Sp	ecify					······································	_).	\$		\$	
	Total	•••••				•••••			\$ <u>6,595,2</u> 0	02.08	\$ <u>6,59</u>	<u>5,202.08</u>
	Answer	also in A	Appendi	x, Colun	nn 3, if fi	ling unde	er ULOE.					
have p amour the nu aggreç	urchase its of the mber of	ed secure eir purch persons ar amou	ities in the same	nis offer or offerin we purc eir purch	ing and t ngs unde hased se	he aggre er <u>Rule 5</u> ecurities	nvestors egate dol <u>04,</u> indic and the lines. Er	llar ate				
									Number Ir	nvestors		gate Amount chases
Α	ccredite	d Invest	ors		•••••	•••••			37		\$ <u>6,59</u>	5,202.08
N	on-accre	edited Ir	rvestors		•••••	•••••		••			\$	
	Total (fo	r filings	under R	ule 504	only)						\$	
	Answer	also in /	Appendi	k, Colum	nn 4, if fi	ing unde	er ULOE.	1				

3. If this filing is for an offering under $\underline{\text{Rule }504}$ or $\underline{505}$, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering Rule 505	Type of Security	Dollar Amount Sold \$
Regulation A		\$
Rule 504		\$
Total		
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		[] \$
Printing and Engraving Costs		[] \$
Legal Fees		[X] \$50,000.00
Accounting Fees		[] \$
Engineering Fees		[]\$
Sales Commissions (specify finders' fees separately)		[]\$
Other Expenses (identify)	i	[]\$
Total		[X] \$50,000.00
b. Enter the difference between the aggregate offering price given in re C - Question 1 and total expenses furnished in response to Part C - Q difference is the "adjusted gross proceeds to the issuer."	uestion 4.a. This suer he qual	\$ <u>6,545,202.08</u>
	Payments to)
	Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		_[]\$
Purchase of real estate	[]\$	[]\$
Purchase, rental or leasing and installation of machinery and equipment	[]\$	_[]\$
Construction or leasing of plant buildings and facilities	[]\$	_[]\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in	[]\$	_[]\$

<u> </u>	r securities of another issuer		,
•	SS	[]\$[]\$	
Working capital		[]\$[X]\$6,545,202.0	<u>8</u>
Other (specify):		[]\$[]\$	_
		[]\$[]\$	
Column Totals		[]\$[X]\$ <u>6,545,202.0</u>	3
Total Payments Listed (col	umn totals added)	[x]\$ <u>6,545,202.08</u>	
	D. FEDERAL SIGNATURE		
iled under <u>Rule 505,</u> the followi Securities and Exchange Comn	notice to be signed by the undersigned ding signature constitutes an undertaking basision, upon written request of its staff, the suant to paragraph (b)(2) of Rule 502.	y the issuer to furnish to the U.S.	
ssuer (Print or Type)	Signature	Date	7
Unitive, Inc.	Richard Berkh	November 24, 2003	
Name of Signer (Print or Type)	Title of Signer (Print of Type)		
Arthur Bergens Jr.	Chief Financial Officer		
	ATTENTION		,
Intentional misstateme			

E. STATE SIGNATURE	
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes No [] [X]
See Appendix, Column 5, for state response	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
	1128	
Unitive, Inc.	What Verled	November 24, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Arthur Bergens Jr.	Chief Financial Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2								
			3	4				5	
	Intend to sell to non- accredited investors in		Turns of a security.		Disqualification under State ULOE (if yes, attach explanation of				
			Type of security and aggregate						
			offering price						
	State		offered in state (Part C-Item 1)	amount purchased in State (Part C-Item 2)				waiver granted)	
	(Part B-Item 1)		(,	(, a., o , i.e., z,				(Part E-Item 1)	
			Preferred Stock			Number of			
			and Warrants to Purchase	Number of Accredited		Non- Accredited			
State	Yes	No	Preferred Stock	Investors	Amount	Investors	Amount	Yes	No
AL									
AK									
AZ			industrian meninggalak and menengalak and menengalak a						
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NJ								
NM			·					
NY		X		1	\$7,662.36			
NC		X		2	\$1,422,530.43			
ND								
ОН		X		4	\$1,478,330.40			
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http://www.sec.gov/divisions/corpfin/forms/formd.htm Last update: 06/06/2002